

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 591714

FILING DATE

9.6.06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1			
3	1		1			
4		4		1		
5		\$		1		
6		\$		1		
7		\$		1		
8		\$		1		
9		\$		1		
10		\$		1		
11		\$		1		
12		\$		1		
13		\$		1		
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TOTAL IND.		↓	3	↓		↓
TOTAL DEP.		←	15	←		←
TOTAL CLAIMS			18			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						